

EXHIBIT 33

June 1, 2000

BABCOCK & WILCOX ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM

The United States Bankruptcy Court and United States District Court, Eastern District of Louisiana
In re: The Babcock & Wilcox Company, Debtor, Case No. 00-10992 Sec. "B"
(Jointly Administered With: *In re Diamond Power International, Inc.*, Case No. 00-10993 Sec. "B";
In re Babcock & Wilcox Construction Company, Case No. 00-10994 Sec. "B"; and
In re Americon, Inc., Case No. 00-10995 Sec. "B")

SUBMIT COMPLETED CLAIMS TO: [address]

The Debtors in this case are The Babcock & Wilcox Company, Diamond Power International, Inc., Babcock & Wilcox Construction Company, and Americon, Inc. (referred to in this document, whether singularly or collectively, as "Babcock & Wilcox".)

If you have a current claim against Babcock & Wilcox for asbestos-related personal injury, **THIS ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE _____ [BAR DATE]**, or you will be forever barred from asserting or receiving payment for your claim.

If a you have a current claim against Babcock & Wilcox for asbestos-related damages that do not involve physical injury to yourself (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself) **THIS ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM AND THE ACCOMPANYING RELATED-PARTY CLAIM FORM MUST BE RECEIVED ON OR BEFORE _____ [BAR DATE]**, or you will be forever barred from asserting or receiving payment for your claim.

INSTRUCTIONS [May go in attached booklet]

1. The injured party must submit a fully completed Asbestos Personal Injury Proof of Claim Form (referred to in this document as the "Form"), or the injured party's claim against Babcock & Wilcox will be forever barred. Specifically, submitting a fully completed Form requires that the injured party attach copies of any and all medical and diagnostic reports specified by check mark (✓) on the form, such as copies of medical reports, diagnoses, and x-ray reports. (Please do not send actual x-ray films.)
2. The injured party must personally sign this Form and provide the information requested under penalty of perjury. Inaccurate or untruthful answers will result in the injured party's claim against Babcock & Wilcox being forever barred. In order to verify the completeness and accuracy of the information provided, Babcock & Wilcox reserves the right to audit and/or seek discovery relating to information provided in and documents attached to this Form – pursuant to procedures for which Babcock & Wilcox would seek the approval of the District Court for the Eastern District of Louisiana.
3. If the injured party has more information than fits in the space provided on any part of this Form, please make additional copies of the applicable pages before writing on them.
4. Please print clearly and use black or blue ink.
5. Who should use this form:
 - This Asbestos Personal Injury Claim Form applies only to claims made against Babcock & Wilcox by or on behalf of a person with an asbestos-related physical injury, death, or condition (such person is referred to in this document as an "injured party").
 - If a spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own asbestos-related physical injury (including injury resulting from asbestos that another person was exposed to on his or her job), then each spouse or child is an "injured party" who must fill out this Asbestos Personal Injury Claim Form in order to preserve his or her rights.
 - If a spouse or child of the injured party believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, claims for loss of consortium resulting from asbestos-related injury to the spouse or parent), then each spouse and/or child or their legal representative must complete the accompanying Related-Party Claim Form in order to preserve his or her rights.

PART 1: INJURED PARTY INFORMATION

NAME: _____
First Middle Last Jr./Sr./III

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Other names by which injured party has been known (such as maiden name or married name):

First MI Last First MI Last

INDICATE WHICH COMPANY(IES) YOU ARE MAKING A CLAIM AGAINST:

- ☐ The Babcock & Wilcox Company ☐ Babcock & Wilcox Construction Company
☐ Diamond Power International, Inc. ☐ Americon, Inc.

GENDER: ☐ MALE ☐ FEMALEBIRTH DATE: _____
Month Day YearINJURED PARTY IS: ☐ LIVING ☐ DECEASED

If injured party is living:

Mailing Address: _____
Street Address

City, State (Province), Zip Code (Postal Code) Country

If injured party is deceased:

☒ Attach Death CertificateDate of Death: _____
Month Day YearWas death caused by asbestos? ☐ Yes ☐ No

If injured party has a person filing on his/her behalf:

☒ Attach Certificate of Official Capacity ?

Personal Representative (not filing attorney listed on next page)

Name: _____
First Middle Last Jr./Sr./IIIMailing Address: _____
Street Address

City, State (Province), Zip Code (Postal Code) CountryRelationship to injured party: _____
(e.g., guardian, administrator, executor, brother)

PART 2: ATTORNEY INFORMATION

he injured party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name: _____

Name of Attorney: _____
First MI Last

Mailing Address: _____
Street Address

City, State (Province), Zip Code (Postal Code)

Telephone: (_____) _____
Area Code

If "yes," please provide:

a. Date of First Diagnosis: _____
Month Day Year

b. The name of every medical doctor who has diagnosed the pleural condition:

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

6. Has a medical doctor concluded that asbestos exposure *caused* the injured party's pleural condition?

☐ Yes

☐ No

☒ Attach All Doctors' Reports

If "yes," please provide the names of every medical doctor who has concluded that asbestos exposure caused the injured party's pleural condition:

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

7. Has a medical doctor concluded that any activity, material, event, condition, or other causal factor -- other than asbestos exposure -- contributed (in whole or in part) to the injured party's pleural condition?

☐ Yes

☐ No

☒ Attach All Doctors' Reports

If "yes," please:

a. describe the non-asbestos activity, material, event, condition, or other causal factor:

☐ smoking

☐ asthma

☐ occupational exposure to non-asbestos material

☐ Other (describe): _____

b. identify every medical doctor who has concluded that a non-asbestos activity, material, event, condition, or other causal factor contributed (in whole or in part) to the injured party's pleural condition:

Name of Doctor: _____
First MI Last

B. Interstitial Lung Disease/Fibrosis (Including Asbestosis)

- ☐
- Yes
- ☐
- No

- Name of Doctor: _____
First MI Last

- ☐ Yes ☐ No

- ☐
- Yes
- ☐
- No

✓ Attach All Diagnoses

- Name of Doctor: _____
First All Last

- c. Was the diagnosis of asbestosis definitive or did the doctor merely state that the injured party's condition was "consistent with" asbestosis?

- ☐ Definitive diagnosis
☐ "Consistent with" diagnosis
☐ Other (explain): _____

5. Has a medical doctor concluded that asbestos exposure *caused* the injured party's interstitial lung disease or fibrosis?

- ☐ Yes ☐ No

✓ Attach All Doctors' Reports

If "yes," please provide the names of every medical doctor who has concluded that asbestos exposure caused the injured party's interstitial lung disease or fibrosis:

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

6. Has a medical doctor concluded that any activity, event, material, condition, or other causal factor -- other than asbestos exposure -- contributed (in whole or in part) to the injured party's interstitial lung disease or fibrosis?

- ☐ Yes ☐ No

✓ Attach All Doctors' Reports

If "yes," please:

- a. describe the non-asbestos activity, material, event, condition, or other causal factor:

- ☐ smoking
☐ asthma
☐ occupational exposure to non-asbestos material
☐ Other (describe): _____

- b. identify every medical doctor who has concluded that a non-asbestos activity, material, event, condition, or other causal factor contributed (in whole or in part) to the injured party's interstitial lung disease or fibrosis:

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

7. Has a medical doctor diagnosed the injured party's interstitial lung disease or fibrosis as an illness or condition other than asbestosis?

☐ Yes ☐ No

✓ Attach All Doctors' Reports

If "yes," please:

- a. describe the non-asbestosis diagnosis:

- ☐ Silicosis
☐ Idiopathic pulmonary fibrosis
☐ Bagassosis
☐ Berylliosis
☐ Other (describe): _____

- b. identify every medical doctor who has diagnosed the injured party's interstitial lung disease or fibrosis as an illness or condition other than asbestosis:

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

C. Cancer

1. Does the injured party claim to have cancer that was caused by exposure to asbestos?

☐ Yes ☐ No

2. Which of the following cancers is claimed to have been caused by asbestos exposure? For each type cancer checked, identify whether the cancer was primary (the cancer originated at the identified site) or metastasized (the cancer did not begin at the indicated site, but rather spread from another primary location).

☐ Bronchogenic Carcinoma (Lung Cancer)
☐ primary ☐ metastasized

☐ Malignant mesothelioma
☐ primary ☐ metastasized

☐ Esophageal
☐ primary ☐ metastasized

☐ Laryngeal
☐ primary ☐ metastasized

- ☐ Pharyngeal
☐ primary ☐ metastasized
- ☐ Colorectal
☐ primary ☐ metastasized
- ☐ Stomach
☐ primary ☐ metastasized
- ☐ Other (Please identify) _____

3. Did the cancer result from exposure to asbestos from a Babcock & Wilcox boiler system?

☐ Yes ☐ No

4. Identify every medical doctor who has examined and/or evaluated the injured party's cancer:

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

5. Has the injured party's cancer been *diagnosed* by a medical doctor?

☐ Yes ☐ No

☒ Attach Diagnoses

If "yes," please provide:

a. Date of First Diagnosis: _____
Month Day Year

b. The name of every medical doctor who has diagnosed the injured party's cancer:

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

6. Has a medical doctor concluded that asbestos exposure *caused* the injured party's cancer?

☐ Yes ☐ No

☒ Attach Doctors' Reports

If "yes," please provide the names of every doctor who has concluded that asbestos caused the injured party's cancer:

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

Name of Doctor: _____
First MI Last Cancer type

7. Has a medical doctor concluded that any activity, material, event, condition, or other causal factor -- other than asbestos exposure -- contributed (in whole or in part) to the injured party's cancer?

☐ Yes ☐ No

☒ **Attach All Doctors' Reports**

If "yes," please:

- a. describe the non-asbestos activity, material, event, condition, or other causal factor:
☐ smoking
☐ asthma
☐ occupational exposure to non-asbestos material
☐ Other (describe): _____
- b. identify every medical doctor who has concluded that a non-asbestos activity, material, event, condition, or other causal factor contributed to (in whole or in part) the injured party's cancer:

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

Name of Doctor: _____
First MI Last

D. Other

1. Has the injured party been **diagnosed** with any other condition or disease that was caused by exposure to asbestos?

☐ Yes ☐ No

☒ **Attach Supporting Medical Records**

2. If "yes", please specify the condition or disease and date of first diagnosis:

Condition/Disease: _____

Date of First Diagnosis: _____
Month Day Year

3. Please provide the name of every doctor who has diagnosed the injured party with this condition or disease:

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

4. Did this condition or disease result from exposure to asbestos from a Babcock & Wilcox boiler system?

☐ Yes

☐ No

E. Lung Function/Impairment

Complete this section if you claimed any illness or condition in Sections A-D above. Failure to complete this section will be interpreted to mean that the injured party is not claiming diminished lung function or lung impairment related to asbestos exposure.

1. Have any of the injured party's asbestos-related conditions resulted in any diminished lung function or lung capacity that has been measured or quantified by a medical doctor?

☐ Yes

☐ No

☒ Attach All Doctors' Reports

2. If "yes," please provide the name of every medical doctor who has quantified or measured the injured party's lung function or capacity:

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

3. Did the diminished lung function or lung capacity result from exposure to asbestos from a Babcock & Wilcox boiler system?

☐ Yes

☐ No

4. Has a medical doctor concluded that asbestos exposure *caused* the injured party's impaired lung function or lung capacity?

☐ Yes

☐ No

☒ Attach Doctor's Report

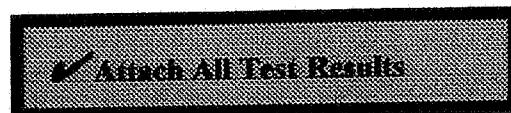
If "yes," identify the name of the every medical doctor who has concluded that asbestos exposure caused the injured party's impaired lung function or lung capacity:

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

Name of Doctor: _____
 First MI Last

5. Please provide all lung function test scores. (Failure to identify a particular test will be interpreted to mean that the injured party has not undergone that test):



☐ Total Lung Capacity (TLC): Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted

☐ Forced Vital Capacity (FVC): Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted

☐ FEV₁: Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted

☐ Diffusing Capacity (DLCO): Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted
 Date _____ Score _____
 Month Day Year % of Predicted

6. If any lung function test results are reported above, please identify the race or ethnicity of the injured party:

☐ Caucasian ☐ African-American
☐ Hispanic ☐ Native American
☐ Asian ☐ Other, please specify _____

F. Radiographs/X-rays

Complete this section if you claimed any illness or condition in Sections A-D above. Failure to complete this section or failure to identify a particular method will be interpreted to mean that the injured party has not been evaluated by that method.

1. Has the injured party's asbestos-related condition been evaluated by any of the following methods?

☐ X-ray
☐ CT Scan
☐ High Resolution CT Scan

Attach All Reports

If "yes," please provide the following:

- a. The name of every medical doctor or other medical professional under whose supervision or direction these x-rays and/or CT scans were made and/or read and provide the following information:

Dr./Diagnostician	_____	_____	_____	_____	_____	_____	_____
	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Test type/Method</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
Dr./Diagnostician	_____	_____	_____	_____	_____	_____	_____
	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Test type/Method</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
Dr./Diagnostician	_____	_____	_____	_____	_____	_____	_____
	<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Test type/Method</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>

- b. Name of person with custody of x-rays and/or CT scans, if different from above:
- _____

2. Have the injured party's x-ray(s) been interpreted by a certified B-reader in accordance with the International Labor Organization's (ILO) scale (e.g., 0/0, 0/1, 1/0, 1/1, etc.)? (Failure to provide ILO results will be interpreted to mean that the injured party has not received an ILO rating).

☐ Yes ☐ No

Attach All ILO Reports

If "yes," please provide the following information for all ILO readings:

a. Name of B-reader: _____

Date of Classification: _____ Results: _____

2. Please identify all persons (except for those already identified in Section (G)(1), above) who have custody of control of any medical records related to your asbestos-related condition(s):

a. Name: _____
First MI Last

Mailing Address:

Street Address

City, State (Province), Zip Code (Postal Code)

Country

Daytime Telephone: () _____

Area Code

b. Name: _____
First MI Last

Mailing Address:

Street Address

City, State (Province), Zip Code (Postal Code)

Country

Daytime Telephone: () _____

Area Code

H.

Smoking History

1. Has the injured party ever smoked cigarettes?

☐ Yes☐ No

2. If "yes," list the years and packs per day smoked (indicate half packs as 0.5):

From Year:

To Year:

Packs Per Day

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a placebo (P) and the experimental group received a 100 mg dose of the drug (D). The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a placebo (P) and the experimental group received a 100 mg dose of the drug (D). The subjects were divided into two groups: the control group (n = 10) and the experimental group (n = 10). The control group received a placebo (P) and the experimental group received a 100 mg dose of the drug (D).

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PART 4: EXPOSURE HISTORY

INSTRUCTIONS FOR EXPOSURE HISTORY:

- Provide information for all applicable sections.
- If the injured party has been exposed to asbestos through his or her employment (including Navy and other military service) you must fill out Section 4(B), "Employment-Based Exposure History."
- If the injured party's exposure to asbestos did not result from his or her employment you must fill out Section 4(C), "Non-Occupational/Non-Employment Exposure History."
- Where requested, please use the following "Industry Codes" and "Occupation Codes" that most closely match the injured party's employment.

INDUSTRY CODES

- | | |
|---|--|
| A. Abatement/removal | N. Industrial furnace/oven manufacturing |
| B. Aerospace/aviation | O. Iron/steel |
| C. Asbestos mining | P. Manufacturing (non-asbestos) |
| D. Asbestos product manufacture or milling (from raw asbestos fibers) | Q. Maritime/Ship – Navy |
| E. Automotive | R. Maritime/Ship – merchant marine |
| F. Boiler manufacture/fabrication | S. New construction (land-based) |
| G. Boiler installation/erection | T. Paper/pulp |
| H. Boiler repair/maintenance | U. Railroad |
| I. Chemical/petrochemical/refinery | V. Roofing |
| J. Contract industrial maintenance | W. Sheet metal |
| K. Demolition | X. Shipyard construction/repair |
| L. Glass/glazing | Y. Textile |
| M. Heating equipment manufacturing | Z. Utility/power plant |
| | AA. Other |

OCCUPATIONAL CODES

- | | |
|---|---|
| 1. Asbestos removal/abatement | 31. Machinist |
| 2. Asbestos demolition | 32. Mechanic |
| 3. Asbestos miner | 33. Millwright |
| 4. Asbestos manufacturing plant worker | 34. Miner (non-asbestos) |
| 5. Bagger/mixer | 35. Plant worker (non-asbestos) |
| 6. Boiler mfr./fabricator | 36. Painter |
| 7. Boiler inspector | 37. Pipe coverer/installer |
| 8. Boiler engineer | 38. Pipefitter/steamfitter |
| 9. Boiler erector/installer | 39. Plasterer/sheetrock/drywaller |
| 10. Boiler cleaner | 40. Professional (incl. accountant, architect, physician) |
| 11. Boiler repair | 41. Refinery worker |
| 12. Brake mfr./installer/repair | 42. Removal/repair boiler insulation (dry) |
| 13. Brakeman/carman/conductor/fireman | 43. Removal/repair boiler insulation (wet) |
| 14. Brick mason/layer/hod carrier | 44. Removal/repair pipe insulation (dry) |
| 15. Burner operator | 45. Removal/repair pipe insulation (wet) |
| 16. Carpenter/woodworker/cabinet-maker | 46. Remove/install gaskets |
| 17. Chipper | 47. Renovation/remodeling |
| 18. Clerical/office worker | 48. Repair plumbing |
| 19. Custodial/janitor in industrial facilities | 49. Rigger |
| 20. Custodian/janitor in public/commercial/res. bldgs. | 50. Routine maintenance (public/commercial/res. bldgs.) |
| 21. Electrician | 51. Routine maintenance (industrial facilities) |
| 22. Encapsulation | 52. Sandblaster |
| 23. Furnace worker/repair/installer | 53. Seaman |
| 24. Heavy equipment operator (incl. forklift/truck/crane) | 54. Sheet metal worker |
| 25. Insulation – installation | 55. Shipfitter |
| 26. Insulation – repair/removal/rip-out | 56. Shipwright |
| 27. Iron worker | 57. Warehouse worker |
| 28. Joiner | 58. Other |
| 29. Laborer | |
| 30. Longshoreman | |

A. GENERAL ASBESTOS EXPOSURE HISTORY

1. When was the injured party *first* exposed to asbestos from any source?

Month Day Year

2. When was the injured party *last* exposed to asbestos from any source?

Month Day Year

3. Was the injured party exposed to asbestos in connection with any boiler system that Babcock & Wilcox manufactured, designed, fabricated, installed, erected, and/or repaired? *calls for personal knowledge - when other info is available*

☐ Yes ☐ No

4. Was the injured party's asbestos exposure otherwise attributable to Babcock & Wilcox, even though not associated with a Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes," describe with specificity the nature of the asbestos exposure and the connection with Babcock & Wilcox:

5. If you answered "yes" to questions Numbered 3 or 4 above, provide the dates of first and last exposure to asbestos associated with a Babcock & Wilcox boiler system or otherwise associated with Babcock & Wilcox.

First Exposure: _____ Last Exposure: _____
Month Day Year Month Day Year

6. If you answered "yes" to questions Numbered 3 or 4 above, how do you know that the injured party's exposure to asbestos was in connection with a Babcock & Wilcox boiler system or otherwise attributable to Babcock & Wilcox?

☐ Don't know ☐ Know because (provide specific detail of exposure and its connection to Babcock & Wilcox): _____

7. Was the injured party an employee of Babcock & Wilcox at the time of his or her exposure to asbestos?

☐ Yes ☐ No

8. Do you claim that the injured party's asbestos exposure is attributable to any of the following Debtor entities?

☐ Babcock & Wilcox Construction Company

If "yes," describe with specificity the bases for your claim that the injured party's asbestos exposure resulted from this Debtor specifically: _____

☐ Diamond Power International, Inc.

If "yes," describe with specificity the bases for your claim that the injured party's asbestos exposure resulted from this Debtor specifically: _____

☐ Americon, Inc.

If "yes," describe with specificity the bases for your claim that the injured party's asbestos exposure resulted from this Debtor specifically: _____

B. EMPLOYMENT-BASED EXPOSURE HISTORY

Please provide the occupational history of the injured party, describing *every* employment period during which the injured party was exposed to asbestos, whether or not the exposure related to Babcock & Wilcox. Specific site information must be included or the claim will be rejected. If some or all of the injured party's exposure resulted from non-occupation/non-employment-based exposure, please complete Part C, "Non-Occupational/Non-Employment Exposure History." *whr say?* Attach additional pages if necessary.

1. First Employment Period Involving Exposure to Asbestos

From: ____ ____ ____ To: ____ ____ ____
Month Day Year Month Day Year

Industry: ____ (use code from page ____) If Code ____ (Other), specify: ____

Occupation: ____ (use code from page ____) If Code ____ (Other), specify: ____

- a. During this period, was the injured party exposed to asbestos?

☐ Yes ☐ No

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(4) On average, how many hours per day was the injured party exposed to asbestos associated with a Babcock & Wilcox boiler system? _____

f. Identify the custodian and location of the injured party's employment records during this time period.

2. Next Employment Period Involving Exposure to Asbestos

From: _____ To: _____
Month Day Year Month Day Year

Industry: _____ (use code from page ____) If Code ____ (Other), specify: _____

Occupation: _____ (use code from page ____) If Code ____ (Other), specify: _____

a. During this period, was the injured party exposed to asbestos?

☐ Yes ☐ No

b. Identify every manufacturer, supplier, or user of asbestos products or materials, or any other company - other than Babcock & Wilcox - to which the injured party attributes asbestos exposure during this period.

c. Employer or Union during this period: _____

d. Was the injured party's exposure the result of land-based activity or marine activity (such as work on board a commercial or Naval ship)?

☐ Land-based (incl. shipyards): _____
Name City/State/Country

☐ Marine: _____
Name City/State/Country of Port

e. During this period, does the injured party claim exposure to asbestos relating to any Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes,"

(1) Identify the type of boiler system:

- ☐ Marine -- Navy/Military
☐ Marine -- Commercial/Merchant Marine
☐ Utility/Power Plant
☐ Industrial (incl. manufacturing, petrochemical, refinery)
☐ Package (incl. FM, Cyclopak, room-size boilers used in schools, hospitals)
☐ Other, specify: _____

(2) Did the injured party have specific job duties relating to a Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes," did the injured party have specific responsibilities for:

- ☐ directly participating in the construction/installation of the boiler
☐ directly participating in boiler repair/refurbishing/rip-out or abatement
☐ other (describe): _____

(3) During this period, how many total days was the injured party exposed to asbestos associated with a Babcock & Wilcox boiler system? _____

(4) On average, how many hours per day was the injured party exposed to asbestos associated with a Babcock & Wilcox boiler system? _____

f. Identify the custodian and location of the injured party's employment records during this time period.

3. Next Employment Period Involving Exposure to Asbestos

From: _____ To: _____
 Month Day Year Month Day Year

Industry: ____ (use code from page __) If Code __ (Other), specify: _____

Occupation: ____ (use code from page __) If Code __ (Other), specify: _____

a. During this period, was the injured party exposed to asbestos?

☐ Yes ☐ No

b. Identify every manufacturer, supplier, or user of asbestos products or materials, or any other company – other than Babcock & Wilcox – to which the injured party attributes asbestos exposure during this period.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- c. Employer or Union during this period: _____
- d. Was the injured party's exposure the result of land-based activity or marine activity (such as work on board a commercial or Naval ship)?

☐ Land-based (incl. shipyards): _____
Name
City/State/Country

☐ Marine: _____
Name
City/State/Country of Port

- e. During this period, does the injured party claim exposure to asbestos relating to any Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes,"

- (1) Identify the type of boiler system:

- ☐ Marine -- Navy/Military
☐ Marine -- Commercial/Merchant Marine
☐ Utility/Power Plant
☐ Industrial (incl. manufacturing, petrochemical, refinery)
☐ Package (incl. FM, Cyclopak, room-size boilers used in schools, hospitals)
☐ Other, specify: _____

- (2) Did the injured party have specific job duties relating to a Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes," did the injured party have specific responsibilities for:

- ☐ directly participating in the construction/installation of the boiler
☐ directly participating in boiler repair/refurbishing/rip-out or abatement
☐ other (describe): _____

- (3) During this period, how many total days was the injured party exposed to asbestos associated with a Babcock & Wilcox boiler system? _____

- (4) On average, how many hours per day was the injured party exposed to asbestos associated with a Babcock & Wilcox boiler system? _____

- f. Identify the custodian and location of the injured party's employment records during this time period.
- _____
- _____

C. NON-OCCUPATIONAL/NON-EMPLOYMENT EXPOSURE HISTORY

Describe all periods during which the injured party was exposed to asbestos as the result of non-occupational/non-employment exposure to asbestos. If the injured party's only exposure resulted from employment or occupationally-related activities, then skip this section and go to Part 5. Attach additional pages if necessary.

1. Dates of Non-Occupational/Non-Employment Exposure:

From: _____ To: _____
 Month Day Year Month Day Year

2. Description of Non-Occupational/Non-Employment Exposure:

3. If exposure occurred because the injured party was exposed to asbestos dust or fibers present on another person who was exposed to asbestos at his or her job (referred to in this section as the "other person"), provide the following information:

a. Name of other person exposed at his or her job: _____
 First MI Last

b. Relationship of other person to injured party: _____

c. Other person's exposure years: From: _____ To: _____
 Year Year

d. Other person's industry (code from page ____): ____ If Code __, Other, specify: _____

e. Other person's occupation (code from page ____): ____ If Code __, Other, specify: _____

f. Other person's Employer or Union during this period: _____

g. Was the other person's exposure the result of land-based activity or marine activity (such as work on board a commercial or Naval ship)?

☐ Land-based (incl. shipyards): _____
 Name City State Country

☐ Marine: _____
 Name City State Country of Port

- h. During this period, did the other person receive exposure to asbestos relating to any Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes"

- (1) Identify the type of boiler system:

☐ Marine -- Navy/Military

☐ Marine -- Commercial/Merchant marine

☐ Utility/Power Plant

☐ Industrial (incl. manufacturing, petrochemical, refinery)

☐ Package (incl. FM, Cyclopak, room-size boilers used in schools, hospitals)

☐ Other, specify: _____

- (2) Did the injured party have specific job duties relating to a Babcock & Wilcox boiler system?

☐ Yes ☐ No

If "yes," describe with specificity the injured party's job duties relating to a Babcock & Wilcox boiler system: _____

PART 5: LITIGATION AND CLAIMS FOR ASBESTOS-RELATED PERSONAL INJURY**INTRODUCTION**

1. Has the injured party or his or her representative contacted a lawyer about a possible asbestos-related lawsuit or claim?

☐ Yes ☐ No

If "yes," when did the injured party or his or her representative first contact a lawyer about a possible asbestos-related lawsuit or claim? N.B

Month Year

2. Has any asbestos-related lawsuit or claim been filed on behalf of this injured party?

☐ No

☐ Yes – lawsuit

☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

☐ Yes – workers' compensation claim

If an asbestos-related lawsuit has been filed by or on behalf of this injured party, complete Section B.

If an asbestos-related non-lawsuit claim has been made by or on behalf of this injured party, complete Section C.

If an asbestos-related Workers' Compensation claim has been made by or on behalf of this injured party, complete Section D.

B. LAWSUITS

1. If more than one suit has been filed, photocopy this page and complete one set of questions for each lawsuit. The claimant must attach a court-dated copy of the face page of the **earliest complaint** filed. (Failure to do so may result in the injured party's claim being forever barred.) who, 2042

 **Attach Copy of Earliest Complaint**

- a. Court where suit originally filed: _____ Docket No.: _____
County/State
- b. Date filed: _____
Month Day Year
- c. Identify which, if any, Debtor(s) was or is a named defendant:
- | | |
|--|--|
| <input type="checkbox"/> The Babcock & Wilcox Company | <input type="checkbox"/> Babcock & Wilcox Construction Company |
| <input type="checkbox"/> Diamond Power International, Inc. | <input type="checkbox"/> Americon, Inc. |

d. If case has been removed to another jurisdiction, identify jurisdiction and case number:

e. Has a judgment or verdict been entered in the injured party's lawsuit?

☐ Yes ☐ No

SJ released

If "yes," please state for each defendant:

(1) Name of defendant against whom the verdict was entered: _____

Verdict amount: \$ _____

Date of verdict: _____
Month Day Year

(2) Name of defendant against whom the verdict was entered: _____

Verdict amount: \$ _____

Date of verdict: _____
Month Day Year

C. NON-LAWSUIT CLAIMS

If the injured party has made a claim (including administrative claims) against anyone that was not filed with a court of law, please provide the following information:

1. Has this injured party submitted a claim against Babcock & Wilcox outside of a court of law?

☐ Yes ☐ No

a. Date submitted: _____
Month Day Year

b. Result:

☐ Paid by Babcock & Wilcox and released/settled?

Settlement Amount - Received: \$ _____

Date Received: _____
Year

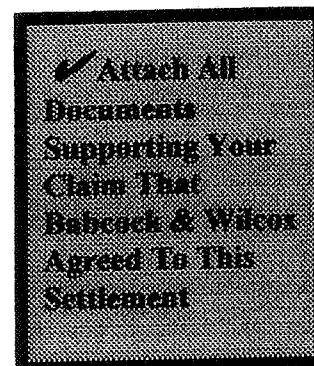
Month Day

☐ Rejected

☐ Pending

☐ Pending and agreed to be settled, but not yet paid.

If so, Settlement Amount Agreed To:
\$ _____



2. All other parties, trusts, or claims facilities against whom a claim was made:

Month Day Year

_____ Month _____ Day _____ Year _____

_____ Month _____ Day _____ Year _____

3. Name of claimant's attorney: _____
First MI Last

D. WORKERS' COMPENSATION CLAIMS

1. Has a claim for workers' compensation been filed for the injured party against Babcock & Wilcox?

☐ Yes ☐ No

Case/docket/administrative claim no.: _____

County/state where filed: _____

Date filed: _____
Month Day Year

2. Was the injured party a current or former employee of Babcock & Wilcox at the time the workers' compensation claim was filed?

☐ Current ☐ Former

3. What is the status of the injured party's workers' compensation claim?

☐ Closed, if so provide amount paid: \$ _____

☐ Pending

☐ Other (describe): _____

E. SETTLEMENTS

1. Has the injured party entered into any settlements, whether in connection with a lawsuit or in settlement of a claim filed outside a court of law? C

☐ Yes ☐ No

If "yes," please fill in the settlement information below (other than any settlements with Babcock & Wilcox already identified above):

Settling Party	Settlement Amount -- Agreed To	Settlement Amount -- Received	Date Received	Name of Settling Attorney
_____	\$ _____	\$ _____	_____ Month Day Year	_____
_____	\$ _____	\$ _____	_____ Month Day Year	_____
_____	\$ _____	\$ _____	_____ Month Day Year	_____
_____	\$ _____	\$ _____	_____ Month Day Year	_____

PART 6: SIGNATURE PAGE

All claims must be signed by the injured party, unless that person is deceased or incapacitated, in which case the form may be signed by the person filing on the injured party's behalf (such as the personal representative).

1. If injured party is signing form:

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF MEDICAL AND OTHER RECORDS AND INFORMATION: I hereby authorize and request the above named medical professionals and all other parties with custody of any documents or information concerning my medical history and treatment to disclose any and all records concerning my medical history, diagnoses and treatment to Babcock & Wilcox or to Babcock & Wilcox's representative.

I hereby authorize the release of my Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Form.

SIGNATURE OF CLAIMANT

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152,3571.

2. If personal representative is signing form:

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of this claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF MEDICAL AND OTHER RECORDS AND INFORMATION: I hereby authorize and request the above named medical professionals and all other parties with custody of any documents or information concerning the injured party's medical history and treatment to disclose any and all records concerning claimant's medical history, diagnoses and treatment to Babcock & Wilcox or to Babcock & Wilcox's representative.

I hereby authorize the release of the injured party's Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Form.

I declare, under penalty of perjury, that the injured party is deceased or incapacitated.

SIGNATURE OF PERSONAL REPRESENTATIVE

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152,3571

RELATED-PARTY CLAIM**(FOR CLAIMS NOT INVOLVING PHYSICAL INJURY TO THE CLAIMANT)****THIS RELATED-PARTY CLAIM FORM MUST BE:**

- Used only in connection with a completed Asbestos Personal Injury Proof of Claim Form.
- Used only by one person. You may photocopy this form (before writing on it) if additional- Party Claim Forms are needed.
- Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself).
- Returned in the same envelope as the Asbestos Personal Injury Proof of Claim Form.

Please print clearly and use black or blue ink.

Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party," and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Form provided at pages ____.

A. INFORMATION REGARDING RELATED-PARTY CLAIMANT

1. NAME: _____

First
Middle
Last
Jr/Sr/III
2. SOCIAL SECURITY NUMBER: _____
3. GENDER: ☐ MALE ☐ FEMALE
4. BIRTH DATE: _____

Month
Day
Year
5. Mailing Address: _____

Street Address

City, State (Province), Zip Code (Postal Code)
6. Describe the nature of your claim against Babcock & Wilcox: _____
7. Have you received payment from any source on account of your claim against Babcock & Wilcox?
☐ Yes ☐ No If "yes," name the source: _____

B.

INFORMATION REGARDING INJURED PARTY RELATED TO THE RELATED-PARTY CLAIMANT

1. Name of Injured Party: _____

*First**Middle**Last*
2. Social Security Number of Injured Party: _____
3. Relationship to the Injured Party (i.e., spouse or child): _____

Jr/Sr/III

SIGNATURE PAGE

All claims must be signed by the claimant, unless that person is deceased or incapacitated, in which case the form may be signed by the person filing on the claimant's behalf (such as the personal representative).

1. If claimant is signing form:

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

I hereby authorize the release of my Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Related-Party Claim Form.

SIGNATURE OF CLAIMANT

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152,3571.

2. If personal representative is signing form:

I have reviewed the information submitted on this Related-Party Claim Form and all documents submitted in support of this claim. I declare, under penalty of perjury,* that the above statements are true, correct, and not misleading.

I hereby authorize the release of the claimant's Social Security number for use in comparing information provided separately to other asbestos trusts or claims facilities to verify the completeness and accuracy of the information contained in this Related-Party Claim Form.

I declare, under penalty of perjury, that the claimant is deceased or incapacitated.

SIGNATURE OF PERSONAL REPRESENTATIVE

*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both. 18 U.S.C. §§ 152,3571